OBJECTIVE: Good asthma knowledge and compliance with treatment are critical factors for the success of any asthma management plan. The purpose of the study was to examine the QoL with the St. George’s Respiratory Questionnaire (SGRQ) and a visual analogue scale (VAS). We developed a short educational program based on the WHO-EuroPharm Forum Guidelines and assessed its effectiveness by using a short questionnaire.

METHODS: We selected 32 asthmatics (mean age: 39.75; range: 14-57) with long asthma history. Patients’ QoL was assessed twice, before and three month after an educational seminar. The results of the two assessments were analyzed using SPSS statistical software.

RESULTS: On theVAS, in which a score of 100 represents perfect health, patients’ scores by severity were: mild—first visit 81.72, second 82.83; moderate—first visit 69.14, second 69.14. On SGRQ, where high scores represent worse health status the scores at the first visit for mild patients were: symptom 150.08; activity 367.47; impact 399.56; total 917.12. In moderate patients the scores were: symptom 259.41; activity 501.43; impact 514.37; total 1275.23. At the second visit, scores for mild patients were: symptom 172.50; activity 339.07; impact 342.20; total 853.78. Moderate patients scored: symptom 282.36; activity 506.28; impact 485.89; total 1274.53. We found 30% improvement in asthma knowledge (p < .01). There were no significant changes in techniques for use of inhalers. The number of patients using a peak flow meter increased from 15% to 28% and all were using it correctly and regularly.

CONCLUSIONS: QoL scores did not change substantially, although a slight improvement occurred in the activity, impact, and total scores in the mild group. As these patients were regularly controlled, we expected better knowledge of general asthma and inhaler use technique. We can conclude that it is necessary to refresh asthma knowledge regularly. It is also important to regularly assess patients’ self-management plans by aiming to increase their effectiveness.

IMPACT OF ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS (AECB) IN FRANCE

OBJECTIVE: The aim of this study was to define the main characteristics of patients presenting with an AECB in general practice.

METHODS: This cross-sectional study was performed by a representative sample of 120 General Practitioners (GPs), selected by random pooling from a national database. Each GP was required to recruit prospectively and consequently a maximum of eight patients aged 35 years or more with AECB defined by at least one of the Anthonisen criteria. Socio-demographics, medical history of chronic bronchitis and the current episode management were collected. The Saint-George’s Respiratory Questionnaire (SGRQ) was self-administered by the patients.

RESULTS: One hundred one GPs recruited 417 patients from November 2000 to April 2001. The patients were on average 65 years old, with 67% over 60 years. Twenty nine percent (121) of patients were smokers and 163 (40%) were former smokers. They had been suffering from chronic bronchitis for an average of 13 years. During the last 12 months, 351 patients (85%) experienced four or less episodes of AECB (mean = 3 episodes), and 52 patients (12%) were hospitalized due to the disease. FEV1 was available for 186 patients. The value was greater than 80% for 14% of the patients, between 35% and 80% for 76%, and less than 35% for 10%. Most of the patients were classified as Anthonisen 1 (289 patients, 69%), and 104 patients (25%) as Anthonisen 2. The total mean score from the SGRQ was 54 (n = 275) (symptoms 62, activity 63, impact 46) and consistently increased with age, duration of chronic bronchitis, FEV1, number of AECB episodes and Anthonisen severity.

CONCLUSION: This observational study confirmed the importance of risk factors and the severity of AECB in patients managed by GPs, with significant burden of disease.